



INSECT AND PLANT DIAGNOSTIC FORM
Macomb County MSU Extension
21885 Dunham, Suite 12
Clinton Township, MI 48036

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

Sample Type (Plant type and variety if known): _____

Describe Problem _____

Circle appropriate categories:

OTHER BACKGROUND

How long at site? _____

Height of plant? _____

Pesticides used ? **YES** or **NO**

What Pesticides? _____

Method of watering? _____

How much water? _____

How often fertilized? _____

Sunny or shaded? _____

PREVALENCE

Entire planting

Single localized area

Several localized areas

Few scattered plants

How many plants affected _____

Total number of plants _____

PROBLEM DISTRIBUTION

Upland Slopes

Low areas

Near drive or road

Edge of field near a residence

Other _____

SOIL TEXTURE

Sandy Clay

Loam Muck

DRAINAGE

Good Fair

Poor

MULCH

Type:

Depth:

EXTENT OF DAMAGE

Light Moderate

Severe

INSECTS

Describe in detail where insect was found. _____

When was the insect first noticed? _____

How many insects were found? _____

Describe any damage you can attribute to this insect. _____

What has been done to control this pest? _____

Other helpful information (time of day found, weather conditions, light or dark, etc.) _____

Identification and Recommendations _____

Extension staff: _____

Date: _____

ENC: _____

All samples must be accompanied with payment for the diagnostic fee. Fees are assessed at \$1.00 per problem, and multiple samples depicting a single problem are considered to be one sample = \$1.00. Checks should be made payable to Macomb MSUE. For assistance, call the GARDENING HOTLINE at 586-469-5063 M-W-F, 9am – 4 pm or the office at 586-469-6440.

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